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Professional Habitus, Gender and Nursing Education in Lebanon and the UK

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Professional Habitus, Gender and Nursing Education in Lebanon and the UK

This research explores how Lebanese and British nurses describe and delineate nursing education and the role of gender within the nursing profession, using a comparative perspective.

In an effort to illuminate the intricacies related to gender, a sociological approach is used in this study utilising Bourdieusian concepts of habitus, field and capital. This qualitative study explores nursing education and the meaning of gender in Lebanon and the UK. To capture the meaning of gender, a highly culturally-bound term, the researcher conducted 20 semi-structured interviews in each country and 3 focus group meetings in Lebanon. Interviews and focus group meetings portray the meaning of gender for both male and female nurses and how it is influenced by cultural differences. The participants were professional nurses and nursing students with various age groups, years of experience and nursing specializations of both genders. The participants identified many gender characteristics that are advantageous for men in nursing such as physical power which can help them in heavy nurses' tasks, like lifting heavy patients. Other advantageous characteristics for female nurses were identified by some participants in the Lebanese culture, the female is not the primary bread-winner of the family, which gives her more flexibility for continuing education.

Keywords: nursing education; gender; emotional capital; Bourdieu

Professional Habitus, Gender and Nursing Education in Lebanon and the UK

Research context and rationale

The establishment of nursing as an academic and professional occupation spanned around an era from 1900 to 1990 before developing into an internationally standardised profession (Shields & Watson, 2007). Currently, both the nursing profession and healthcare are confronted with nursing shortage. A related challenge is the recruitment and retention of nurses to make a more diverse nursing population and to include a gender-balanced workforce.

Eliason (2017) asserts that nursing is an extremely gendered occupation. In Lebanon, there is discrimination equally in recruiting and endorsing the promotion of nurses to the disadvantage of female nurses (Tlaiss, 2013). Wilson et al. (2018) claims that the gender pay gap in nursing is even more intense than in other occupations such as teaching. Tlaiss (2013) argues that women are commonly underrepresented in healthcare management although they comprise the largest percentage of nurses, constituting 90% in the UK (Kellett, Gregory & Evans, 2014) and 79% in Lebanon (Alameddine, et al., 2017). Male nurses frequently occupy higher ranked jobs and are paid higher salaries even when they occupy the same jobs as their female counterparts (Mullan & Harrison, 2008; American Nurses Association, 2014; Carnevale & Priode, 2017).

Paradoxically, male nurses admit to more work-related stress and strain related to their nursing role than female nurses and that they face gender biases in various forms and the feeling of being rejected by different colleagues in the healthcare team (Chen, Fu, Li, Lou & Yu, 2012; Carnevale & Priode, 2017).

Gender is a multi-faceted construct in nursing (Flaskerud & Halloran, 2018). There are basically few studies that explore the meaning of gender in nursing using an interpretive approach. In 2004 and 2005, Huppatz (2009) conducted interviews with 39 Australian female nurses and social workers. Huppatz (2009) maintains that nurses perceive that their female gender is advantageous within the work field, specifically when administering care for female patients. This is equally true when the manager is a female. This is paradoxical with the fact that nursing is situated within a male-dominated healthcare field. Cottingham (2016) conducted in-depth interviews and audio diary recordings between 2012 and 2013 with 40 American male nurses. She recognized the presence of gaps in the theorizing of emotional capital as a concept. Emotional ability is easily confused with emotional expression, particularly in men. Simpson

(2009) establishes a strong connection between male bodies and emotional labour from interviews with male nurses. There was no comparative perspective in the existing studies, which are far from being recent. New studies do not exist in Middle Eastern or Arabic countries where cultural variations associated with the meaning of gender are evident as compared to Western or European contexts. Another drawback to these studies is that the participants were either exclusively men or exclusively women. This study addresses this gap by conducting interviews with both male and female nurses.

The need for this study and its significance

There is extensive research on nurses' satisfaction and on the nurse's working environment. Only very few interpretive studies have attempted to explore and highlight the meaning of gender in nursing (Cottingham, 2019), with the exception of quantitative measurements of wages and the use of other quantitative variables. And certainly, interpretive research associated with gender and professionalisation, which are of major concern to both nursing and healthcare, have been underestimated.

Studying gender within two different cultural contexts can clarify an extremely intricate construct such as gender (Sechiyama, 2013; Sumer, 2016; Cesari & Casanova, 2017). This study uses a comparative qualitative lens by conducting qualitative interviews and focus groups exploring the nurses' perceptions on the relationship of gender and nursing education.

The term gender itself is vastly attached to its contextual and cultural factors (Unger, 1979; Simpson, 2009; Carrera, DePalma & Lameiras, 2012; Mehta & Dementieva, 2017; Schudson, Beischel & Van Anders, 2019). The qualitative and interpretive approach portrays the interaction between contextual and cultural factors, and therefore is appropriate to study gender. A qualitative approach studies perception within the natural environment and recognizes the researcher's own interpretation of meaning entrenched with the participants' perceptions.

Comparative perspective

Comparative education has been defined in the literature in various ways. Phillips and Schweisfurth (2014) define comparative education as the study of any of the aspects of the educational experiences in two or more different environments in an effort to establish

inferences about the educational phenomena. Comparative education has the advantage of using a range of approaches. Edwards (1973) states that comparative education may use a diversity of approaches including qualitative and quantitative approaches. The methodology of comparative education depends on the aim of the study (Kandel, 1959). Gender is a highly complex and multi-faceted issue that can be researched through the use of interviews where the researcher can explore the participants' views and perspectives. An interpretive lens can also have a drawback as the researcher's perception may be mirrored within her own interpretations of the research. Being aware of this drawback is one of the basic elements that can minimise its impact on the research. As the researcher is aware of this drawback, she can minimise being overly involved with the study and keep a certain distance from the study itself.

Conceptual framework

Nursing from a Bourdieusian perspective and professional capital

Bourdieusian concepts of habitus, capital and field constitute a valuable framework to study nursing within the healthcare system and within the healthcare field. The habitus is a dynamic expression of previous familial experiences and present experiences and will affect the individual's behaviour and emotions. The field is a social context which has its own values and whereby it affects both socially acceptable as well as inacceptable behaviour and emotions. The capital is defined as resources which people activate and use in society in different fields (Collyer et al., 2015). The habitus and the field are in incessant interaction (Ward & McMurray, 2015).

Professional capital is used in this study to conceptualise nursing as a profession. Fullan, Rincón-Gallardo and Hargreaves (2015, p. 6) define professional capital as "the collective capacity of the profession and its responsibility for continuous improvement". Fullan et al. (2015), identify three components of professional capital, they are: human capital, social capital, and decisional capital which is the expansion of experience and professional decision-making skills to make more careful decisions. While Fullan et al. (2015) specify three components of professional capital, Bourdieusian theory of capital is more flexible and malleable to incorporate a large number of different capitals and resources such as social, symbolic, cultural and economic. Nursing for example has reduced decisional capital within the healthcare field as compared to medicine. Using Bourdieusian terms, nurses have a

minimal share of cultural, social, economic and symbolic capital, as compared with medical doctors in the healthcare field. One type of capital relevant to the caring professions is emotional capital.

Emotional capital

Collyer et al. (2015, p. 690) define capital as "the resources actors bring to social interactions or else to the products of those interactions." The term emotional capital was never used by Bourdieu and is ascribed by many authors (Reay, 2004; Zembylas, 2007; Ward & McMurray, 2015; Cottingham, 2016) to Nowotny (1981) who studied Austrian women.

Reay (2004) asserts that while Bourdieu never used the concept of emotional capital, Bourdieusian theory can be used to develop the concept, which can be indirectly inferred from Bourdieusian literature. Particularly, Reay (2004) cites Bourdieu (1998, p. 68) in his influential work "Practical reason" where he maintains that "This work falls more particularly to the women, who are responsible for maintaining relationships". Also, Bourdieu (1986, p. 25) emphasises the maternal free time influence on the transmission of cultural capital.

Emotional capital is a contested concept that was defined in several manners. While Zembylas (2007) delineates emotional capital as "emotional resources", Gendron (2017, p. 45) describes emotional capital as a "set of emotional competencies". Cottingham (2016, p. 451) defines emotional capital as "a form of cultural capital" establishing the definition on Bourdieusian theory. Emotional capital is described by Cottingham (2016) as a dynamic concept that implicates simultaneously a gender-neutral and feminine trait. Cottingham (2016) also segregates different concepts of emotional management, emotional practice and emotional capital which are often used interchangeably in the literature. By studying emotional capital through the use of diaries and interviews, Cottingham (2016) recognizes primary and secondary socialisation as sources of capital which illuminate the simultaneous demonstration of production and reproduction of the habitus and capital of Bourdieusian theory. Primary socialisation is related to the initial socialisation within the family while secondary socialisation is associated with educational and organisational foundations. The development of emotional capital and its operation in different fields in society is affected by the individuals' habitus, which is in perpetual interaction with social relationships (Cottingham, 2016).

According to Ward and McMurray (2015) emotional capital is not only a type of resource, it is a form of capital that represents our identity and directs our choice of occupation and our capacity for emotional labour. Emotional labour is a term originally researched at length

through interviews with cabin crews in the highly cited book by Hochschild (1983) "The Managed Heart" representing a set of emotions and feelings that are managed and traded in the occupational field for economic capital (Barry, Olekalns & Rees, 2018; Grandey & Sayre, 2019). Nursing is certainly one of the occupations that involves a significant exercise of emotional labour which is demanding on nurses. Male nurses, specifically may find emotional labour to be a task contradictory to their conventional manly societal image.

Vocational and professional habitus

Habitus is defined by Bourdieu (1990, p. 53) as "a system of durable, transposable dispositions, structured structures predisposed to function as structuring structures...". There is a continuous interaction between the habitus and the field. The gendered habitus is influenced by the gendered occupational space (Huppatz & Goodwin, 2013). The habitus is associated with familial and social dispositions. Building on the concept of habitus, Colley, James, Diment and Tedder (2003) expanded the concept to "vocational habitus" to elucidate an essential aspect of students' experience as they are socialised into a vocation.

Vocational habitus is defined as the act by which the learner develops a collection of traits and characteristics necessary to the vocational field and cultural context. A vocation or disciplinary field influences not only the learners' behaviour but also their standards, beliefs and emotions. This is specifically valid in caring vocations or professions such as nursing. Vocational or professional habitus develops the vocational identity and as important as emotional capital, which entails necessary emotions, standards and skills in emotional labour (Colley et al., 2003). "Professional habitus", a term used by Spence and Carter (2014) to study accounting firms, was not examined comprehensively in various professions. Similar to Fullan et al. (2015), Spence and Carter (2014), borrowed Bourdieu's theory to study professionalism by ascribing professional status to Bourdieusian concepts such as habitus and capital to become "professional habitus" and "professional capital". This leads to the aim of this study and the research questions.

The aim of this study and the research questions:

The study reported in this paper aimed to explore the role of gender in nursing education in a comparative perspective between Lebanon and the UK. It was guided by the following research questions:

Overarching research questions:

How do nursing students and nurses at different levels perceive gender in their nursing role in two different contexts: UK and Lebanon?

Research questions:

1. What is the image of nursing from the perspective of students and nurses in two different contexts: UK and Lebanon?
2. How do nursing students and nurses perceive emotional labour in their nursing role in two different contexts: UK and Lebanon?
3. How do the emotional capital and the professional habitus of nursing interact and affect each other within a gendered field such as nursing?

Methodology, research design and data collection progress

Methodology

In order to address the research questions, I chose a comparative qualitative approach to study the nurses' views of gender and nursing education. During the first stage of the research, a thorough literature review was conducted including databases, research articles and books where important keywords such as gender and nursing education were examined. This literature search guided the study in terms of available literature on gender and nursing education. The second stage involved the use of focus groups and one-to-one interviews. Focus groups and interviews were conducted with nursing students and professional nurses at all levels to capture their perception of the nurses' professional education and the image that nursing education attempts to publicize about the nursing profession. The participants are nursing students and professional nurses including clinical and academic staff with different levels of education ranging from a Bachelor's degree to a doctoral qualification. Their ages range from 18 years to 30 years (for students) and from 26 to 65 years (for professional nurses). The years of experience of professional nurses vary from 1 month to 39 years of experience.

Both male and female nurses were interviewed. They are nurses/nursing students from North Lebanon and the UK. The professional nurses from Lebanon work in a small hospital in different units of practice. Nurses from UK come from different hospitals in various areas of the UK. Convenience sampling, which is a non-probability sampling technique, was used in this study.

Gaining access to UK nurses was very difficult since nurses are overworked. Therefore, I shifted the method by which I was trying to gain access. Instead, I contacted nurses by email and suggested to do the interviews online outside duty hours, which was successful. Email addresses were gained from universities' websites. Focus groups and interviews were audio-recorded, accompanied by note-taking.

Research instruments

Two types of qualitative research tools were utilised in this research. The first type was focus group with five to eight participants in each group. The length of every focus group discussion was an average of one hour. According to Onweugbuzie et al. (2009), a good focus group discussion is normally between one to two hours.

In addition, semi-structured interviews were conducted; the duration of every semi-structured interview was an average of thirty minutes to 1 hour. Robson (2011) recommends interviews to be of at least thirty minutes in duration in order to be adequately inclusive.

Sampling

This study utilised convenience sampling which is non-probability sampling. Selection of the participants in this study mirrors the characteristic of the group selected. In this study, participants were selected based on Paik and Shahani-Denning (2017) definition of convenience sampling which is the sampling by which participants are selected because of practicality and feasibility of access. The sample in this study is not expected to be statistically representative of the population studied which is not the aim of this qualitative research. Also, neither qualitative research nor convenience sampling in this study aims at generalisability of research findings to other settings (Paik & Shahani-Denning, 2017). Qualitative samples are relatively small because of the detailed and comprehensive nature of qualitative research (Ritchie, Lewis & Elam, 2003) which applies to my study. Barbour (2008) argues that sampling in qualitative research reflects the variety that may be present within a population rather than aiming at the selection of a representative sample. This is a valid fact about this study. The use

of both qualitative interviews and focus groups in this study adds depth and accuracy to the collected data, leading to more rich and thorough information.

Qualitative interviews

For the purpose of this study, 58 participants were interviewed with nearly half of them in Lebanon and the other half in the UK. Directors of schools of nursing and hospitals in North Lebanon were contacted by personal visits for taking their approval to conduct the interviews and the focus groups on the premises of their institution with their students or nursing staff. In the UK, nurses were contacted directly using the email addresses accessed from universities websites. The purpose of the research was explained to the directors of the schools of nursing and the hospitals and to the participants. An information sheet was offered to the directors and discussed with them before they granted their approval. The interviewees were constituted of both genders and different levels of nursing staff and nursing students in order to capture a diversified array of perspectives. This provided a more comprehensive insight of the nurses' perspectives. The interviews and focus groups were conducted based on a set of pre-prepared open-ended questions. Before the interviews and the focus groups, an informed consent form and an information sheet were discussed with participants who were asked to sign the consent form after having read it. The interviews and focus groups were audio-recorded after approval of the participants and were transcribed for analysis.

Qualitative interviews are widely used in many disciplines and for different research aims. The importance of the interview in this study lies in its ability to convey the perspective of the participants. It captures their understandings and expresses their own words including hidden meanings, verbal and as non-verbal messages and highlighting meanings as they are constructed and expressed during an interview (Kvale, 2009). By definition, the interview is a "social situation", complex interaction between two people, each one of them bringing to the interview a diversity of characteristics that affect the interaction and marks the interview with a unique imprint influenced by gender, age and many other characteristics of both interviewer and interviewee (Alvesson, 2010, p. 12). The qualitative interviews in this study provide thick and rich information and communicates qualitative information far from quantification (Kvale, 2009). The researcher reconstructs the story of the interviewee into a reorganised form which is not identical with what the interviewee has verbalised during the interview (Finlay, 2014). There is always an element of reflexivity that is highly affected by the researcher's status, position, gender and relationship to the subject being studied among other characteristics. For

example, the interviewer in this study is a nurse who has been in the field for 30 years, this marks the study in a unique imprint. Although interviews, by definition, can provide instrumental voices to certain marginal or marginalised groups in society, there is always this power asymmetry in the interview process (Kvale, 2006). As in all interviews, the interviewer, by her mere position as an interviewer, has control over the conversation and the interview. After all, the interviewer initiates the interview, guides it and reconstructs its meaning and concludes it. The interviewee may be more of a passive recipient of directions by the interviewer. By merely being aware of this drawback, the researcher in this study can minimise the effect of this drawback. In spite of all these potential disadvantages of the interview, it remains a strong tool to explore and comprehend complex, sensitive and multifaceted issues such as gender (Lewis, 2003). Both focus group discussions and qualitative interviews were conducted in order to validate information and as a method of triangulation.

Focus groups

Focus groups are in synchrony with qualitative research in many ways (Vaughn, Schumm and Sinagub, 1996). Essential common assumptions are the acceptance of many realities and the influence of the rapport between the researcher and the participant. The focus groups in this study, like all focus groups, highlight the particularity of the in-depth findings within a specific population rather than generalisations of findings from one population to another. Although focus group minimised the researcher's chance of delving into the deep individual's perspectives, it provided an opportunity for the researcher to probe into the perceptions of less verbal members as they are encouraged to express their perceptions encouraged by other participants' self-disclosures (Lewis, 2003). Participants felt more comfortable sharing their experiences as the social desirability and the authority of the interviewer present in individual interviews is less dominant in focus groups (Vaughn, Schumm and Sinagub, 1996). As a consequence, the focus group offered the researcher an amalgam of the perspectives of the group rather than individual participants' opinions. They provided a great amount of information in less time when compared with the individual interviews. Another benefit is that focus group interviews facilitated the participants' formulation or modification of opinions as they listened to other participants' opinions and experiences (Vaughn et al., 1996). The focus groups require more advanced skills than other interviews as they mandate that the interviewer is more adept at managing group dynamics and focus group meetings limit the number of questions that can be addressed in a group setting (Robson, 2011). The size of the focus group is controversial. Morgan (1997) proposes a size between 6 to 10 participants with acceptable

variations depending on the topic. In this study the focus group meetings consisted of 5 to 8 participants in each group. Combining qualitative one-to-one interviews and focus group interviews has many advantages in this study.

As Morgan (1997) hypothesises, in comparison with individual interviews, focus groups in this study provided the advantage of facilitating the observation of interaction and communication among the participants. The researcher utilising focus groups in this study had the advantage of forming instant answers about debates and agreements among participants as an immediate consequence to the focus group instead of waiting for a lengthy analysis of the answers of participants as in the individual interviews. Focus groups utilised in this study did not aim at generalisations as Vaughn et al. (1996) argues. The disadvantage of the focus group is that more expertise and effort is needed on the part of the moderator in focus groups than it is required in individual interviews. Also, the focus group interviews gave less detailed information compared with individual interviews. However, focus groups produced a greater amount of information in less time which makes them more efficient. As Morgan (1997) emphasises, it is noted in this study that the advantage of the focus groups lies in its ability to capture the exchange of participants' experiences and perspectives rather than merely obtaining the opinions and attitudes of participants. Morgan (1997) postulates that focus groups and individual interviews can be used in a complementary fashion as a mode of triangulation.

Triangulation

Triangulation is defined as the use of several sources or methods of collection of information. Triangulation helps validate the reliability of information and data gathered in a research (Ritchie, 2003). Denzin and Lincoln (2008) emphasise that triangulation is a technique by which the research rigour and depth is increased. This combination of qualitative interviews and focus group interviews in this study helps to validate the comprehensiveness and the reliability of the research findings (Lewis, 2003). This combination is a strong tool to enrich the information collected about such a complex issue as gender.

Data collection progress

I have conducted 3 focus group meetings with nursing students in Lebanon. Two focus group meetings consisted of 5 participants in each group and the third consisted of 8 participants. I also conducted 40 semi-structured scoping interviews with 40 professional nurses and nursing

students in Lebanon and the UK. The interviews conducted in Lebanon were mostly face-to-face interviews while the interviews conducted in the UK were conducted online using Skype, Microsoft teams and similar online applications.

Data analysis

Data analysis has been guided by the five cycles delineated by Yin (2011). The cycles are: Compiling which is collecting information in a certain organization, seen as a type of database. Disassembling is separating the data into smaller parts. At this stage, labeling of data with codes may be done. Disassembling can be repeated many times such as in a trial-and-error phase for testing the codes and as part of the cyclical nature of data analysis which can be executed in a cyclical manner among phases. Analysis in this cycle is nonlinear and iterative in nature.

The next stage is interpreting, which is utilising the reassembled data to construct new meanings and interpretations. Finally, concluding is formulating conclusions out of the fourth stage which is the interpreting phase. The phases may be interwoven and overlapping among each other because of the cyclical nature of the process. Information gained in this study is analysed following the five cycles described by Yin (2011). Data is processed both manually and using an electronic software to avoid the risk of being too mechanical while using a software exclusively as cautioned by Yin (2011), as software overuse may need too much consideration to the software procedure and vocabulary, which may divert the attention of the researcher from the need to be more critical when analysing the data. To overcome this drawback, data will be processed both manually and electronically to limit the reliance over electronic data analysis.

Sample interview

Themes	**Professional Nursing Habitus**	**Nursing and Gender**	**Emotional Nursing Care**	**Organisation of the Nursing Profession**
Codes	Defining Characteristics of Nursing	Gender Characteristics of Nursing	Male Nurses and Emotional Nursing Care	Nursing Image in Lebanon (Positive/ Negative)

Themes	Professional Nursing Habitus	Nursing and Gender	Emotional Nursing Care	Organisation of the Nursing Profession
Codes	Nursing as Emotional Capital	Female Nurse Advantage	Female Nurses and Emotional Nursing Care	Nursing Curricula in Lebanon
Codes	Nursing as Gendered Habitus	Male Nurse Advantage	Role of Earlier Socialisation versus Nursing Socialisation	Unequal Work Opportunities for Nurses in Lebanon.
Codes		Female Nurse Disadvantage		Quality of Nursing Education in Lebanon is not Controlled
Codes				The Government Role in Nursing Professional Regulation

Conclusion

Gender is a highly dynamic concept, multi-faceted and intertwined with cultural and contextual elements. Qualitative and interpretive approaches are appropriate to highlight the contextual elements entrenched with gender. Focus group discussions especially triangulated with qualitative one-to-one interviews are valuable tools that can provide voices to participants.

One of the characteristics identified in this study as advantageous for men in nursing was physical power which can help them in bodily heavy nurses' activities, like lifting heavy patients.

In the Lebanese culture, another characteristic for female nurses was identified by some participants, that the female nurse, being not the primary bread-winner of the family, has more flexibility for continuing education than a male nurse. Interestingly, UK male nurses felt more concerned with this study than female nurses. More analysis is needed and will be done in the future.

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